

**Governor's Office of Community Service**

**AmeriCorps Site Visit Monitoring Tool**

Legal Applicant:

Date of Visit:

Program Name:

Sub Grantee #:

Program Year:

Current Risk Assessment Rating:    Low    Moderate    High

Point of Contact for Site Visit:

Name of OCS Program Officer(s):

Sites / Locations Visited:

**Contents of Site Visit Report**

- I. Member Documentation in Files
- II. General Administration of Member Files
- III. Policies and Procedures
- IV. Program Interviews (Word Document)
- V. Exit Interview Summary (Word Document)

## I. Member Documentation in Files

Number of Member Files Selected for Review:

Files are accurate:	+
Files are missing information:	-
Files are incorrect:	-
Question is Not Applicable:	n/a

Member Name:					
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## - MEMBER APPLICATION, KEY DATES

Enrollment Form Start Date:						1
Exit Form End Date: (if applicable)						2
eGrants Start Date:						3
eGrants End Date: (if applicable)						4
Contract Start Date:						5
Contract End Date:						6
Service Log, Date of First Hour Served:						7

## -Eligibility to Serve (Provisions IV.A.5, IV.C.2 &amp; IV.G.3, &amp; 45 CFR 2522.910)

Current application on file?						8
Is them member at least 17 years old?						9
Does file have primary documentation of status as a US citizen, US national, or lawful permanent resident? Birth Certificate with photo ID, Passport, Proper INS form						10
Has program obtained parental consent in writing, for members under 18?						11
Does file have legible and current photo identification with a birth date?						12
Does the program verify that the member has earned a high school degree?						13
If the member has not earned a diploma consult appendix.						
Tutoring – Members must have a high school diploma or have passed proficiency test.						14

## - MEMBER ENROLLMENT

We the 30 day enrollment requirement met?						15
Does the program have a signed W-4 tax form?						16
Does the member file contain a photo release?						17
Is the members acceptance or denial of healthcare enrollment documented?						18
If member is utilizing childcare benefit, does program have eligibility documentation? (Listed in grant provisions						19
Is contract signed and dated by the member?						20
Is contract signed and dated by the program?						21

Member Name:						
<b>- CRIMINAL HISTORY CHECKS</b>						
Photocopy/scan of government-issued ID (driver's license or passport) attached						22
Screen shots or print out of results from nationwide sex offender registry check that clear your candidate						23
If there are individuals on the NSOPW with the same name as your candidate, include documentation that shows that your candidate is not one of those listed.						24
Scanned or attached consent form including a signed statement from candidate agreeing to undergo checks and the candidate understanding that position is contingent on results.						25
State Check						26
State and Source						27
Date initiated and Completed						28
State and Source						29
Date initiated and Completed						30
FBI Check						31
Date initiated and Completed						32
Documentation of each instance of accompaniment (while checks were pending) during service or work with vulnerable populations. Record the date, time, location, and name of person who provided accompaniment.						33
Ensure person who provided accompaniment has been cleared in their position						34
Record date checks were completed:						35
Attach results of checks (scanned or photocopied documents, screen shots, etc.)						36
Maintain a document stating that checks were completed and that you considered the results of the checks.						37
<b>- SERVICE LOGS</b>						
Does the position description clearly describe the member's service activities.						38
Did the member serve hours before their start date listed in the contract?						39
Are timesheets signed by the member and a staff person directly supervising?						40
Are service logs up to date within the last 30 days?						41
Do the service log hours match the hours reported on program tracking tools/worksheets?						42
Do fundraising hours exceed 10% of service hours?						43
Are net training hours >20% of total hours served?						44
Are member activities and service hours allowable?						45
Are the member's activities aligned with the focus of the grant?						46

Member Name:						
<b>- MID-TERM PERFORMANCE EVALUATION (Sec.IV.D.5)</b>						
Has a mid-term evaluation been scheduled / completed for the member?						47
Does the evaluation provide an update on completion of hours? (best practice)						48
Did the member and program supervisor both sign the evaluation?(best practice)						49
<b>- CHANGE OF STATUS FORM (Sec.IV.C.1)</b>						
Has the member been suspended or reinstated? If yes, is there documentation in the file?						51
Has the member's term of service changed? If yes, is there documentation in the file?						52
Is the change of status date consistent with eGrants?						53
Is the member filling a refill slot, if so did the prior member receive an Ed. Award? (Had they completed more than 30% of their term?)						54
Was the change of status documented within 30 days?						55
<b>- EXITED MEMBER</b>						
Was the member's term in compliance with the program requirements in the Grant Provisions?						57
Is the member exited in eGrants?						58
Was the exit completed in 30 days?						59
Do the service log hours match the hours reported in eGrants?						60
Has an end of term evaluation been completed?						61
Does the evaluation provide an update on completion of hours?						62
Does it discuss whether the member has satisfactorily completed assignments?						63
Discuss whether the member has completed the requirements of their service position?						64
<b>- DOCUMENTATION FOR COMPELLING PERSONAL CIR</b>						
Did the member receiving a pro-rated ed-award complete at least 15% of their term?						65
Is there documentation to support the decision to award compelling personal circumstance?						66
<b>- SECTION I (MEMBER DOCUMENTATION IN FILES) NO</b>						
						68

## II. GENERAL ADMINISTRATION OF MEMBER FILES

Does the program have accurate documentation	+	-	Notes:
<b>- MEMBER CONTRACT</b>			
Does the contract contain:			
position description?			69
minimum service hours and term?			70
amount of the education award?			71
standards of conduct?			72
prohibited activities from 45 CFR 2540.100?			73
text from 45 CFR 2540.100 on non-duplication and non-displacement?			74
text from 45 CFR 2520.40-.45 on member fundraising?			75
drug –free workplace act?			76
civil rights requirements, compliant procedures, and rights of beneficiaries			77
suspension and termination rules?			78
release for cause circumstances?			79
grievance procedure?			80
<b>- SERVICE LOGS &amp; MEMBER EVALUATION</b>			
Does the program have a process in place to assure members are accurately recording their service hours?			81
Does the program have a general schedule for member performance evaluations?			82
<b>- HEALTH &amp; CHILD CARE ENROLLMENT</b>			
Is there a health care policy in place for full time members or those serving in a full time capacity?			83
Does it meet the requirements listed in Grant Provisions?			84
Does the program have a child care policy in place for full time members or those serving in a full time capacity? (Sec. IV.F.6)			85
<b>- Training &amp; Documentation</b>			
Does the program provide members training on program history and mission, Ed Awards, benefits...?			87
Does the program have a sign-in sheet for all trainings, including orientation, containing signatures of all members in attendance?			88
Do sign in sheets indicate date and time, location, title of training, training provider, and is it verified by program staff (signed)?			89

- Access to Files (Sec.IV.G.3)			90
Is access to general member files limited to appropriate program staff and/or OCS and CNCS officials?			91
Are medical files kept separately from general member files?			92
Is access to medical files limited to appropriate program staff?			93
Are medical files, criminal history checks, and all other sensitive information stored in a locked cabinet?			94
- GRIEVANCE PROCEDURE 45 CFR 2530.230			95
Does the grievance procedure allow for alternative dispute resolution (ADR)?			
For issues unresolved through ADR is there a formal grievance process?			
Does the policy allow for binding arbitration?			
A policy for evenly splitting costs?			
Are grievance remedies listed?			
Allowing for the reinstatement of members?			
Does the grievance procedure cover all parties including public, host sites, applicants, or whoever may file a grievance (best practice)?			96
Does member handbook contain the grievance process (best practice)?			97
Is a copy of the grievance process posted online for public to access? (best practice)			98
- Section II (General Administration of Member Files) Notes:			99
			100

## III. POLICIES AND PROCEDURES

Does the program have accurate documentation showing:	+	-	Notes:	101 102
- Reasonable Accommodation (Sec. IV.C.3)				103 104
Does the program have a written reasonable accommodation policy?				105
Best Practice - is it posted online?				106
If yes, is the reasonable accommodation policy included in outreach and recruitment?				107
Have any accommodations been requested for this grant year?				108
Are all reasonable accommodation requests documented?				109
If yes, has action been taken to meet the request? What steps have been taken?				110
- Affiliation with Network (Provisions IV.B. & V.G.)				111
Do MOUs and partnership agreements identify the program as an AmeriCorps program?				112
Does the grantee website display "prominently" the AmeriCorps logo?				
Does program use the AmeriCorps name and logo on service gear and public materials?				113
Has the grantee altered the logo? If so, was written permission from OCS and/or CNCS obtained?				114
Do publications created by members or grant staff have the required CNCS acknowledgment?				115
- Member Support and Supervision (Sec. IV.D. Executive Order 13513 C.F.R. 2522.230, IV.G)				
Has the program reported any serious injuries to OCS program officer?				116
Does the program banning text messaging while driving on official business?				117
Does the program allow members to serve on a jury with no penalty (documented in policy)?				118
Does the program institute necessary safety precautions for members?				119
Does the program provide members with adequate supervision?				120
Does the program prohibit members from supervising other members (documented in policy)?				121
Does the program apply service release and resumption policies appropriately?				122

- Drug Free Workplace Act (Sec. IV.D.2)			
Does the program:			
post a Drug Free Workplace Act policy statement notifying employees and members that manufacturing, distribution, dispensing, possession, or use of a controlled substance is prohibited?			123
specify the consequences of violating the Drug Free Workplace Act?			124
have a drug free awareness program to inform employees and members about the dangers of drug abuse in the workplace; the grantee's policy; and any available employees assistance programs?			125
notify employees and members that they must abide within the terms of the statement and notify the program within 5 days of any criminal drug statute conviction occurring in the workplace?			126
notify OCS and CNCS within 10 days of receiving notification regarding any criminal drug statute conviction occurring in the workplace?			127
take appropriate personnel action against the employee or member, up to and including termination; OR requiring the employee or member to participate in an approved drug abuse assistance program within 30 days?			128
- Non-Discrimination (Sec.V.F)			
Does the program notify stakeholders and partners that grantee operates are subject to the nondiscrimination requirements of the applicable statutes?			130
Does the program have a written policy on non-discrimination?			131
Does the program note the appropriate point of contact for filing a complaint?			132
- Supplementation, non-duplication, and non-displacement (Sec.177.42 U.S.C. 12367)			
Does the program ensure that funds are not used to duplicate services? How?			134
Does program ensure that members do not displace a current employee or position? How?			135
Has the program consulted with local labor organization?			136



- Performance Measurement Evaluation				137
Are tools in place for the measurement of performance data?				138
Are measures in place to ensure the accurate counting of data?				139
Are data centrally recorded to allow for efficient reporting to the commission?				140
Was a logical approach used in the development of performance measure targets?				141
Are plans in place to conduct a program evaluation?				142
- Program Staff				
Are fundraising activities by program staff allowable under AmeriCorps regulations?				143
Has the program informed OCS of any changes in key program staff ?				144
- Host Site(s)				
Does the program have a protocol for monitoring service sites? (Schedule, tool, feedback, follow up, etc.)				145
Does the program have written documentation to verify monitoring (schedule, completed tools, copy of feedback, etc)?				146
Does the program ensure service partners follow AmeriCorps, State, and other Federal Policies? Is there a checklist?				147
- Other				148
Does the program have an up to date insurance documentation on file? (Sent to OCS with contract)				149
Does the program have or know where to locate a copy of the current AmeriCorps provisions?				150
Does the program have a copy of the grant application or eGrant printout?				151
Does the program have a copy of the grant award?				152
Have any grievances been filed during the program year? If yes specify please describe.				153
- Section III (POLICIES AND PROCEDURES) Notes:				

## IV. PROGRAM INTERVIEWS

Does the program have accurate documentation showing:	Notes:
AmeriCorps Members (Interview)	
<b>List the members interviewed:</b>	
AmeriCorps member introductions:	
<b>Service:</b>	
Tell us about your service: - What do you do on a daily basis? - Is this what you expected based on your interview and the position description? - <i>Did the member identify themselves with the program and AmeriCorps?</i>	
How are you involved with the national days of service (Sept. 11, MLK Day, AmeriCorps Week)?	
<b>Training:</b>	
Did you attend an orientation? - If yes, what information was presented? - What was the most valuable/useful part of the pre-service training? - Was there anything you wish would have been presented?	
Do you receive continuing training to support both your service and professional development? - If yes, what are some of the training topics? - How often do you receive training? - Is there anything else you would like to receive training for?	
<b>Regulations:</b>	
Can you list a few of the prohibited activities? - Do you serve in a clerical role at your host site? - Do you fill in for other employees when they are out sick or on vacation?	
<b>Program and Host Sites:</b>	
Do you feel supported by the AmeriCorps program, your host site, the community in which you serve? - What kinds of support do you receive? - Have you connected with other AmeriCorps members in the area? - Is there anything we can do to help you get connected/feel better supported?	

<p>What are the greatest strengths of your program and host site?</p> <ul style="list-style-type: none"> <li>- How does the reporting process work? (time sheets, progress reports)</li> <li>- Is there anything that could be done differently to improve processes, the host site, or the program?</li> </ul>	
<b>Stories:</b>	
<p>What accomplishment are you most proud of as an AmeriCorps member?</p> <ul style="list-style-type: none"> <li>- What was the best part of serving as an AmeriCorps member?</li> <li>- Is there anything you wish was different?</li> </ul>	
<p>What plans do you have for after your service?</p> <ul style="list-style-type: none"> <li>- Would you consider serving another term with this program?</li> <li>- A different program? Why?</li> <li>- Is your program helping you plan for life after AmeriCorps?</li> </ul>	
<b>AmeriCorps Site Supervisor (Interview)</b>	
<b>List the site supervisors interviewed:</b>	
Host site supervisor introductions:	
<b>Service:</b>	
<p>Tell us about your host site:</p> <ul style="list-style-type: none"> <li>- What do members do on a daily basis?</li> <li>- How do you interact with members?</li> <li>- How much time do you spend with members?</li> <li>- Is this what you expected based on your agreement with the program?</li> <li>- Did the supervisor identify themselves with the program and AmeriCorps?</li> </ul>	
<p>How are the AmeriCorps members making a difference in your organization and or the community?</p> <ul style="list-style-type: none"> <li>- Is there any way to improve upon the impact of the AmeriCorps members?</li> </ul>	
<p>How are the AmeriCorps members at your site involved with the national days of service (Sept. 11, MLK Day, AmeriCorps Week)?</p>	
<b>Training:</b>	
<p>How much training did the AmeriCorps members receive prior to joining your organization?</p> <ul style="list-style-type: none"> <li>- Was there additional training that would have helped the members be more successful?</li> </ul>	

<b>Training:</b>	
Do you provide the AmeriCorps member with additional and ongoing training or provide them the resources to attend outside trainings?	
<p>As a site supervisor have you received training from the program on hosting an AmeriCorps member?</p> <ul style="list-style-type: none"> <li>- Is there additional training you would like to have?</li> <li>- Is there anything we can do in our office to better support you?</li> <li>- Would you like to be on our program training calls?</li> </ul>	
<b>Regulations:</b>	
<p>Can you list a few of the prohibited activities?</p> <ul style="list-style-type: none"> <li>- Do the AmeriCorps members serve in a clerical role within the organization?</li> <li>- Do the AmeriCorps members fill in for an employee when they are out sick or on vacation?</li> </ul>	
<b>Program:</b>	
<p>As a host site do you feel supported by the AmeriCorps program?</p> <ul style="list-style-type: none"> <li>- What kinds of support do you receive?</li> <li>- Do you communicate with the program on a regular basis?</li> <li>- Are your questions answered in a timely manner?</li> <li>- Is there anything we can do to help you get the information you need?</li> </ul>	

<p>How does the reporting process work? (time sheets, progress reports)</p> <ul style="list-style-type: none"> <li>- Is there anything that could be done differently to improve processes, the host site, or the program?</li> </ul>	
<p>Do the programs performance measures align with your organizations mission?</p> <ul style="list-style-type: none"> <li>- Do you report on the program's performance measures?</li> <li>- If yes, how often do you submit reports?</li> <li>- Do the AmeriCorps members at your site all serve under the same PM's?</li> <li>- How are the members doing with progress towards meeting the measures this year?</li> </ul>	
<p>How would your organization be different without AmeriCorps members?</p>	
<p>Overall what is the greatest strength of the AmeriCorps program?</p> <ul style="list-style-type: none"> <li>- What is your favorite part of the program?</li> <li>- Do you have any suggestions to improve the program or our office?</li> </ul>	
<b>AmeriCorps Board Members – Community Partners (Interview)</b>	
<b>List the individuals interviewed:</b>	
Board member or community partner introductions:	
<b>Program:</b>	
<p>What benefits does the AmeriCorps program provide to your organization and community?</p> <ul style="list-style-type: none"> <li>- How does the AmeriCorps program fit into the mission of your organization?</li> <li>- Were you involved in the development of the program?</li> <li>- Were other community partners or board members involved?</li> <li>- Does the program ask you to provide an evaluation or feedback?</li> </ul>	
<p>Overall what is the greatest strength of the program?</p> <ul style="list-style-type: none"> <li>- What is your favorite part of being involved with an AmeriCorps program?</li> <li>- Do you have any suggestions for the program or our office?</li> <li>- Is there anything you wish was different?</li> </ul>	

## V. EXIT INTERVIEW AND SUMMARY

SECTION I (MEMBER DOCUMENTATION IN FILES)	Notes:
MEMBER APPLICATION, KEY DATES	
DOCUMENTATION OF CITIZENSHIP or NATURALIZATION, PROOF OF AGE, PARENTAL CONSENT	
MEMBER ENROLLMENT FORM	
MEMBER CONTRACT	
CRIMINAL BACKGROUND CHECKS	
SERVICE LOGS	
EDUCATIONAL ATTAINMENT	
GRIEVANCE PROCEDURE	
DOCUMENTATION OF HEALTH CARE ENROLLMENT	
DOCUMENTATION OF CHILD CARE ELIGIBILITY	
PERFORMANCE EVALUATION	
END OF TERM PERFORMANCE EVALUATION	
CHANGE OF STATUS FORM	
MEMBER END OF TERM/EXIT FORM	
DOCUMENTATION FOR COMPELLING PERSONAL CIRCUMSTANCES	
SECTION II (GENERAL ADMINISTRATION OF MEMBER FILES)	Notes:
Training Documentation	
Access to Files	

SECTION III (POLICIES AND PROCEDURES)	Notes:
Reasonable Accommodation	
Affiliation with Network	
Member Training	
Member Support and Supervision	
Drug Free Workplace Act	
Non-Discrimination	
Supplementation, non-duplication, and non-displacement	
Performance Measure Evaluation	
Program Staff	
Host Site(s)	
SECTION IV (PROGRAM INTERVIEWS)	Notes:
Member Interviews	
Host Site Interviews	
Board Members or Community Partners Interviews	